



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. MARY'S WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Stmarys Warrickhospitalinc

Email Address: kjhall@stmarys.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12185151
Outpatient Patient Service Revenue	\$29389397
Total Gross Patient Service Revenue	\$41574548

2. Deductions From Revenue

Contractual Allowance	\$20969051
Other Deductions	\$5392885
Total Deductions	\$26361936

3. Total Operating Revenue

Net Patient Service Revenue	\$15212612
Other Operating Revenue	\$255922
Total Operating Revenue	\$15468534

4. Operating Expenses

Salaries and Wages	\$5917822	Employee Benefits	\$1295320
Depreciation and Amortization	\$628874	Interest Expense	\$153775
Bad Debt	\$0	Other Expenses	\$8349069
Total Operating Expenses	\$16344860		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-876326	Total Assets	\$14028875
Net Non-operating Gains over Loss	\$274	Total Liabilities	\$14028875

Total Net Gains	\$-876052
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22092066	\$10831459	\$11260607
Medicaid	\$6993394	\$6276363	\$717031
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12489088	\$9254114	\$3234974
Total	\$41574548	\$26361936	\$15212612

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$825905	
HCI Payments	\$0		
Subtotal	\$0	\$825905	\$-825905
Medicaid Shortfalls	\$717031	\$3494121	
Subtotal	\$717031	\$4320026	\$-3602995
DSH Payments	\$0		
Subtotal	\$717031	\$4320026	\$-3602995
Medicare Shortfalls	\$8286005	\$8203965	
Other Government Programs	\$0	\$0	
Total	\$9003036	\$12523991	\$-3520955

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$15888	\$-15888
Community Assessment	\$0	\$3716	\$-3716
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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